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P.1/11

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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SEP 15 2005

In re Application of : Zion Hadad  
PTO Customer Number : 000047706  
Serial No. : 09/624,236  
Filed : July 24, 2000  
For : System and method for cellular communications  
Art Unit : 2634  
Examiner : Ted M. Wang

ATTN: Office of Petitions  
Honorable Commissioner for Patents  
U.S. Patent and Trademark Office  
Alexandria, Virginia 22313-1450  
U.S.A.

Dear Sir/Madam

Petition to Revive an Abandoned Application

In response to the Notice of Abandonment mailed on January 25, 2005, the applicant has filed a reply on 25 April 2005, see copy attached.

Please let me know if it is OK, or whether there is something more for me to do.

Thank you.

Adjustment date: 11/04/2005 AKELLEY  
04/26/2005 EKOLI1 00000016 09624236  
01 FC:1999 -685.00 OP

Respectfully submitted,

Refund Ref:  
11/04/2005 0030026661

Credit Card Refund Total: 885.00  
Dr Zion Hadad, Applicant zionh@runcom.co.il  
48 Haalmogim Street  
Master C: XXXXXXXXXXXX8991  
Rishon Lezion  
Israel

8.30.05

Tel. 011 9723 952 0440 Fax. 011 9723 952 8805

Refund Ref:  
11/04/2005 0030026660

Credit Card Refund Total: \$620.00

Adjustment date: 11/04/2005 AKELLEY  
04/29/2005 JADD01 00000154-09624236  
01 FC:1999 -685.00 OP

Adjustment date: 11/04/2005 AKELLEY  
09/15/2005 TLO111 00000035 09624236  
01 FC:1999 -685.00 OP

11/04/2005 AKELLEY 00000008 09624236

01 FC:2453

750.00 OP

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Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND										
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3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT						
	Filing			\$						
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10 REASON:		8 TO BE REFUNDED BY:								
		✓	<del>Treasury Check</del> CC							
✓	Overpayment		Credit Deposit A/C #:							
✓	Duplicate Payment		9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>							
	No Fee Due (Explanation):									
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: <u>Liana Chase</u>		TITLE: <u>Pets. Examiner</u>								
SIGNATURE: <u>[Signature]</u>		PHONE: <u>272-3206</u>								
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APPROVED: <u>[Signature]</u>		DATE: <u>11/4/05</u>								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance  
Refund Branch  
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